



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E261753**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	13-01899
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LOCAL AGENCY CODING

TOTAL # OF UNITS	04	OBJECT STRUCK
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DATE OF COLLISION	08 - 02 - 2013	TIME (2400)	2305	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>	
SR 204	BLOCK NO.	1	00
MILE POST	<input checked="" type="checkbox"/>		

DISTANCE	MILES	FEET	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	JAHSN	FIRST NAME	PERRY	MIDDLE INITIAL	A
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STREET NEW ADDRESS	704 87TH AVE NE #87
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	JAHNSPA404NF	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	08	-	06	-	1960
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	1	EJECT	1	HELMET USE	2	INJURY CLASS	5	NATURE OF INJURIES	SKULL FRACTURE
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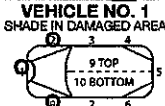
LICENSE PLATE #	555WUK	STATE	WA	VIN#	JH4KA7679RC027839
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1994	MAKE	ACUR	MODEL	LEGEND	STYLE	4D	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	
CHARGE			



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 2086803187
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LAST NAME	TERRACE	FIRST NAME	JOHNATHAN	MIDDLE INITIAL	J
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STREET NEW ADDRESS	13420 WIGEN RD
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CITY	LYNNWOOD	ST	WA	ZIP	98087
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	TERRAJJ145RB	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	12	-	02	-	1986
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	1M39148	STATE	ID	VIN#	1FMCU70E11UB81489
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2001	MAKE	FORD	MODEL	EXPLORE	STYLE	4H	VEHICLE TOWED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GRANGE 5104440048892
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	
CHARGE			



OFFICER'S NAME (PRINT)	JAMES WELLINGTON	BADGE OR ID #	93	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E261753

CASE #

13-01899

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

NARRATIVE

On 08-02-13 at 2306 hrs I responded to mile post 1 on SR 204 for a priority vehicle vs. pedestrian collision. Unit 1 was traveling westbound at a high rate of speed and collided into the read of Unit 2. Unit 2 lost control and spun across the eastbound lanes coming to rest in the ditch. Driver of Unit 1 stopped and exited his vehicle to run across the highway to Unit 2. Driver of Unit 1 became Unit 4 pedestrian at that time. Unit 3 was traveling lawfully eastbound when Unit 4 ran out in front of him causing secondary collision. Unit 4 was seriously injured as a result and transported by aid to the emergency room. Unit 1/Unit 4 was impaired by the use of alcohol. Blood draw toxicology results are pending.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

JAMES WELLINGTON		08-08-13 05:09 AM	
INVESTIGATING OFFICER'S SIGNATURE		DATED	
APPROVED BY		PLACE SIGNED	
ROBERT MINER 095		8/8/2013 5:16:54 AM	
BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
93	WA0311900	11:06 PM	11:11 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E261753**

CASE # **13-01899**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GWR

PLACARD

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 4258226139

LAST NAME

BOONE

FIRST NAME

GAVIN

MIDDLE INITIAL

E

STREET NEW ADDRESS

506B E GALENA ST

CITY

GRANITE FALLS

ST

WA

ZIP

98252

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

BOONEGE171R4

STATE

WA

SEX

M

D.O.B.

MMDDYYYY

12

-

24

-

1983

ON DUTY ☐

STATUS

AIRBAG

2

RESTR

4

EJECT

1

HELMET USE

2

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

064ZLK

STATE

WA

VIN#

YV4CZ852861227755

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2006

MAKE

VOLV

MODEL

XC90

STYLE

SW

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY #

PROGRESSIVE T108474

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

4

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☒

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

LAST NAME

JAHLSON

FIRST NAME

PERRY

MIDDLE INITIAL

A

STREET NEW ADDRESS

704 87TH AVE NE #87

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

M

D.O.B.

MMDDYYYY

08

-

06

-

1960

ON DUTY ☐

STATUS

0

AIRBAG

RESTR

EJECT

HELMET USE

2

INJURY CLASS

5

NATURE OF INJURIES

SKULL FRACTOR

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

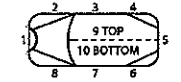
LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

JAMES WELLINGTON

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

08-08-13 05:09 AM

DATED:

PLACE SIGNED

BADGE OR ID #

93

ORI #

WA0311900

APPROVED BY

MINER

DATE

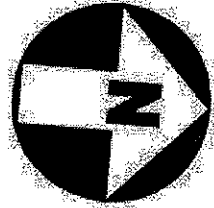
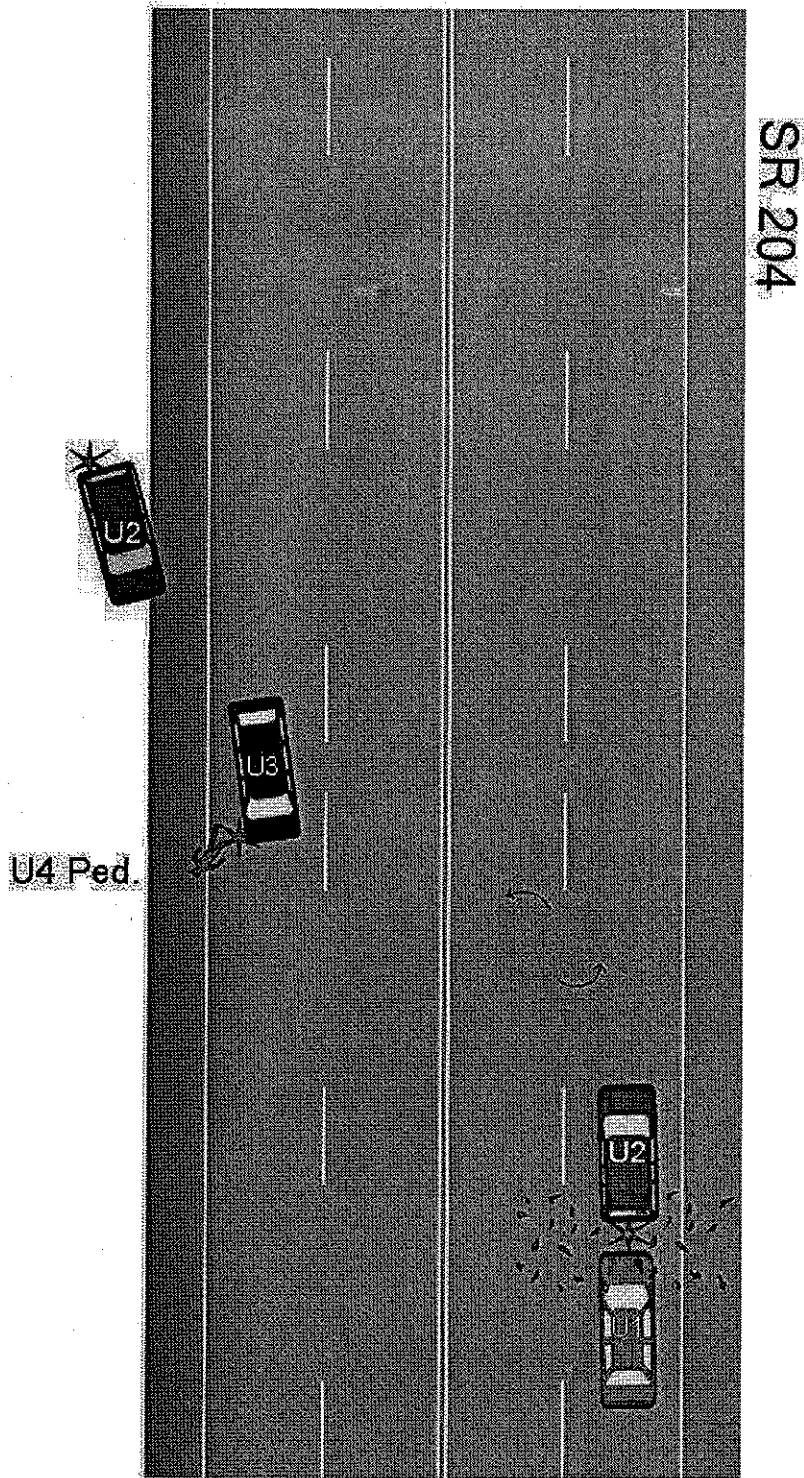
8/8/2013

PAGE

3

OF

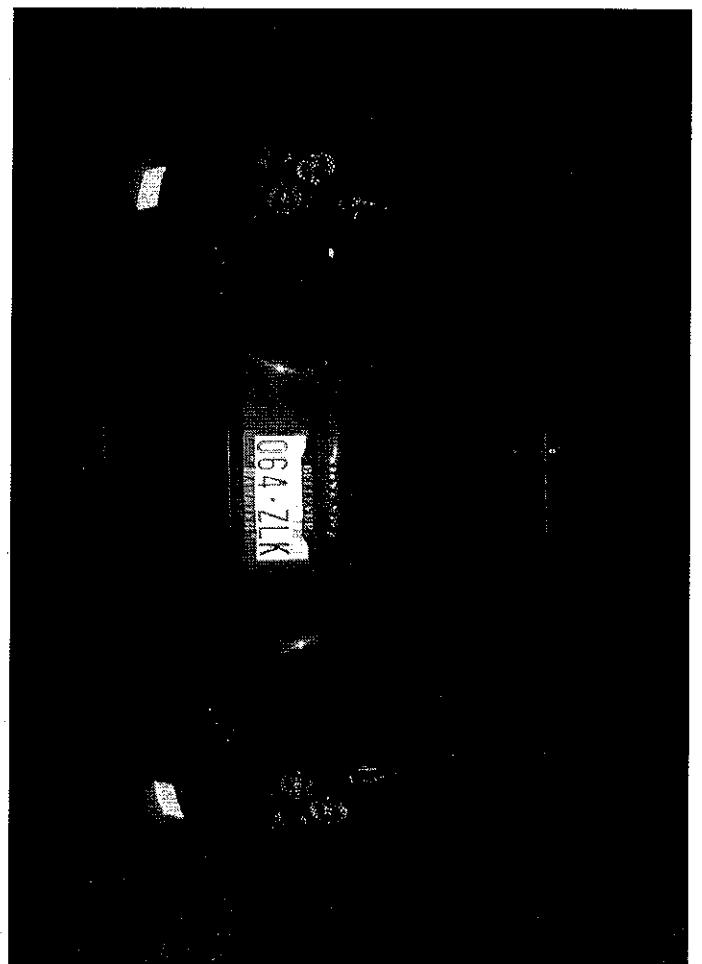
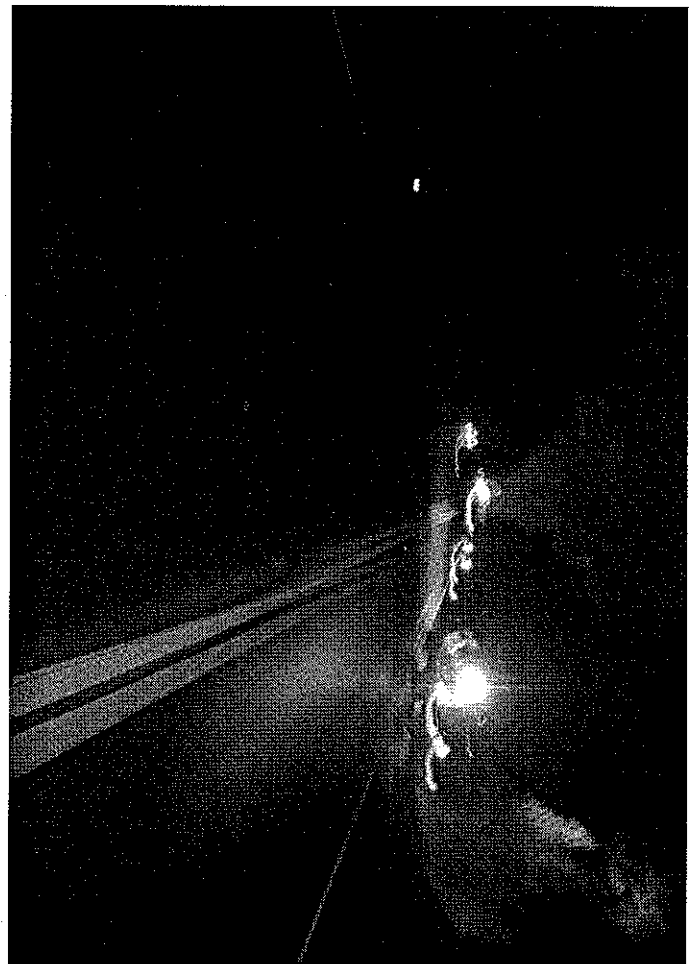
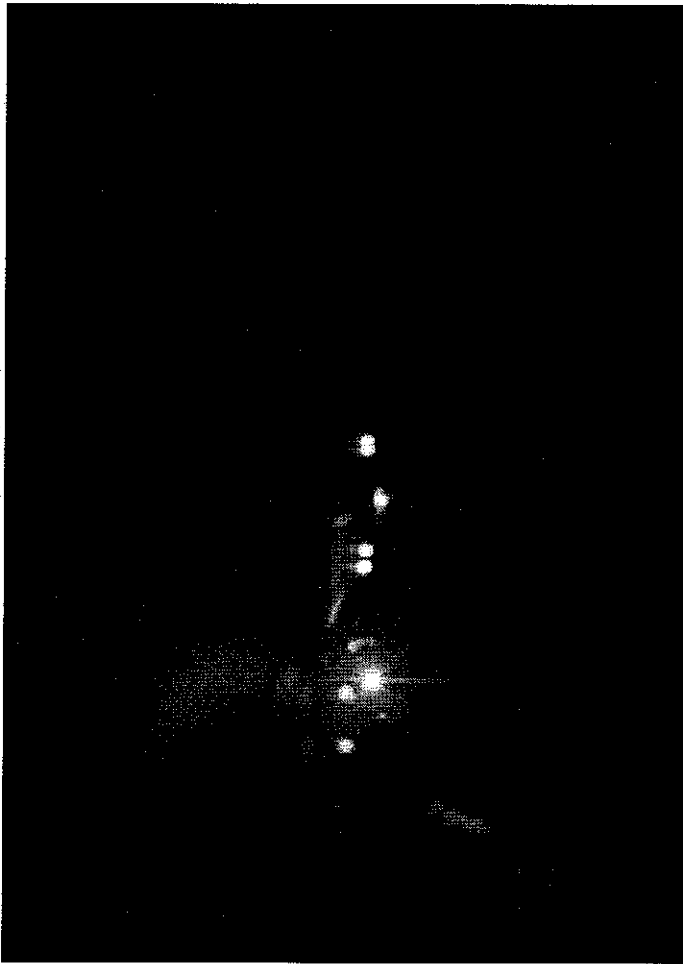
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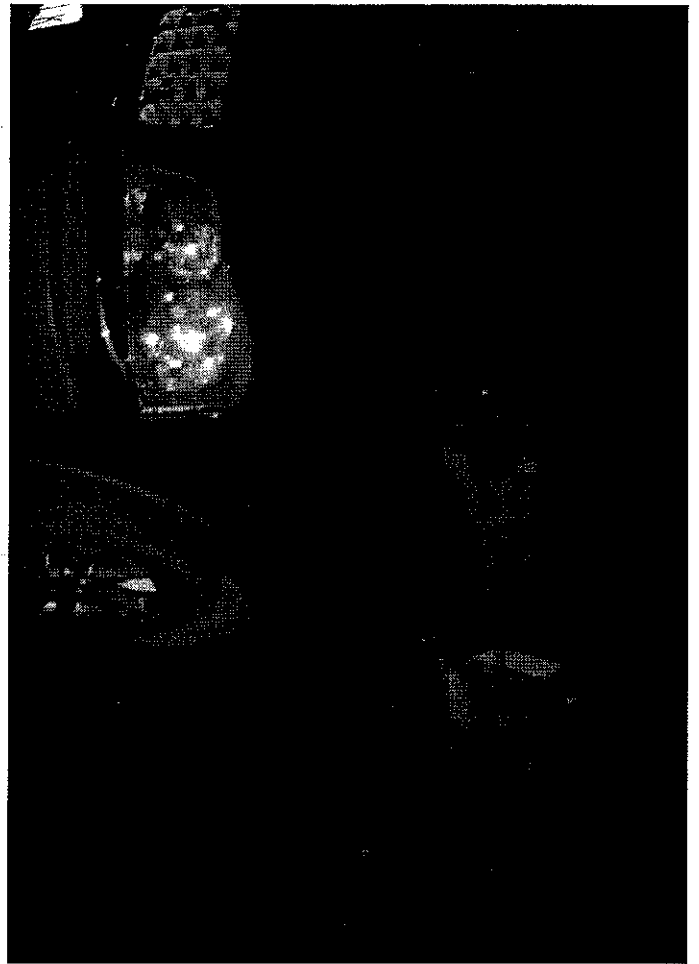


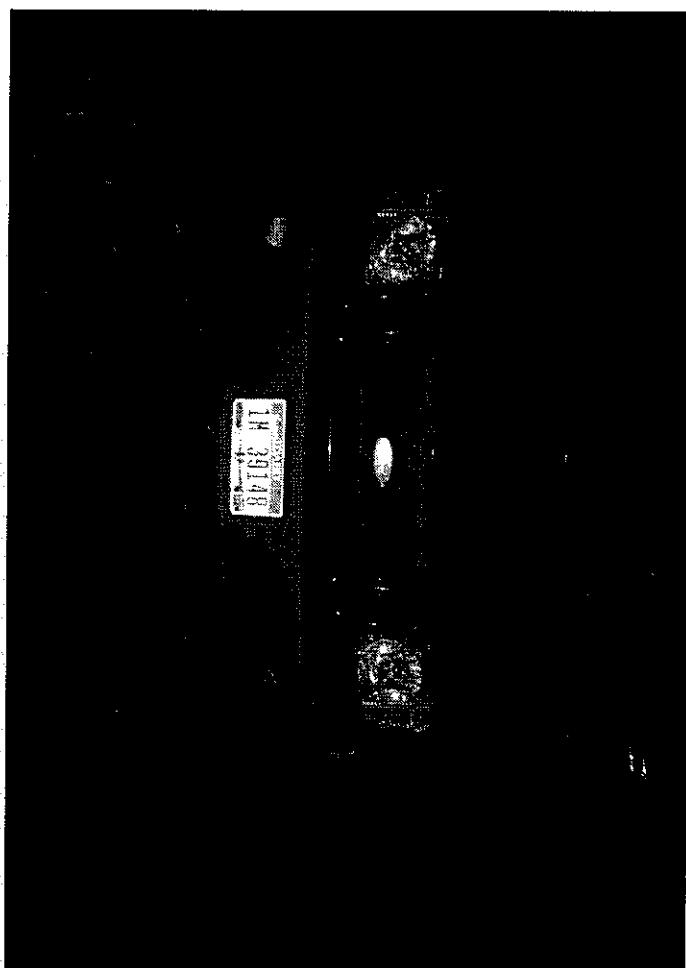
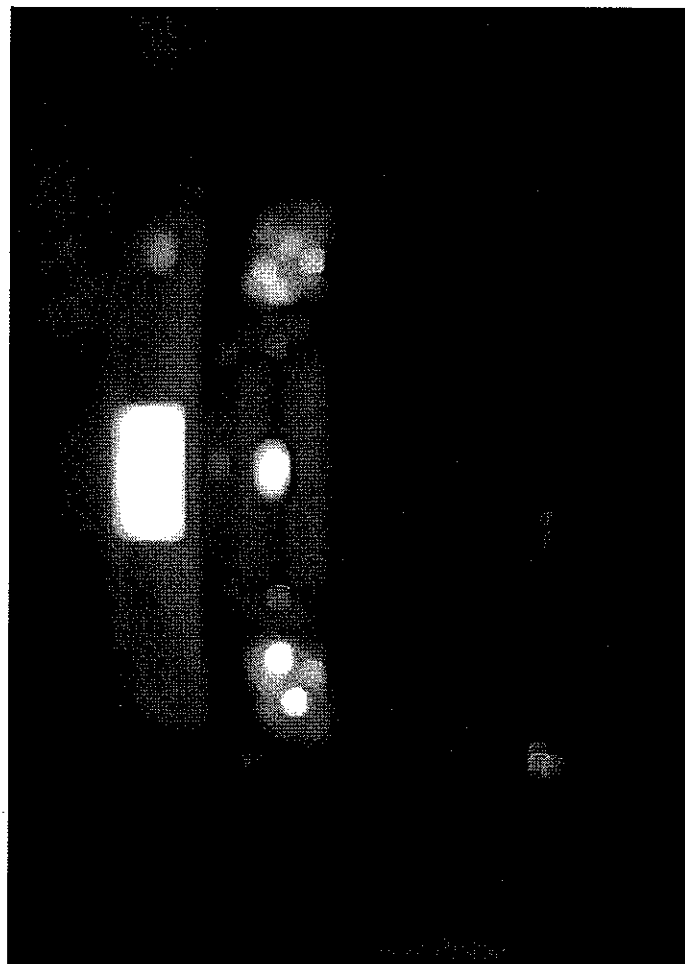
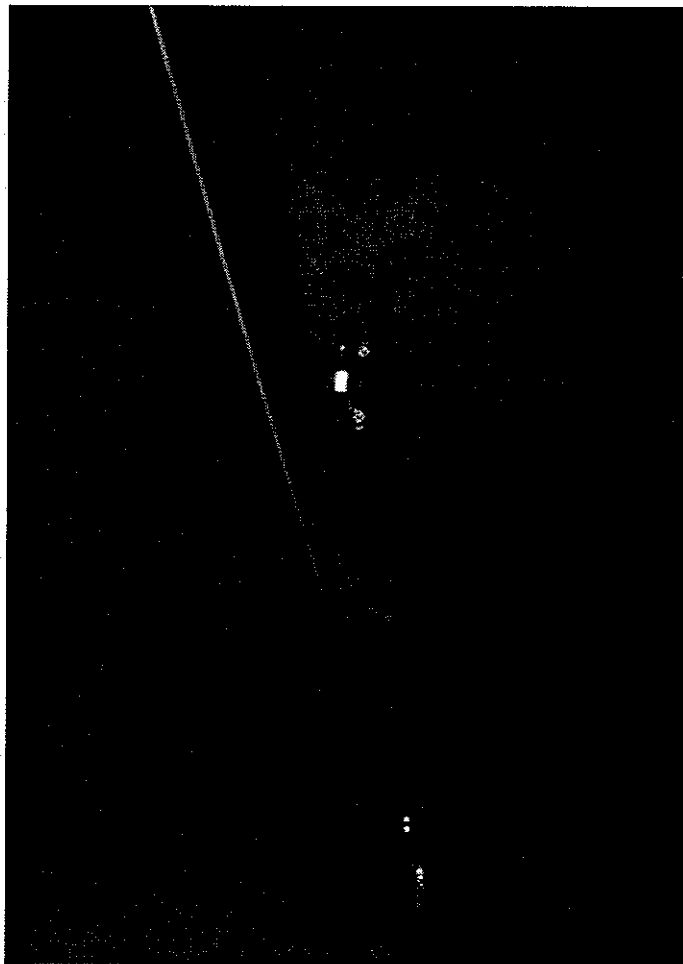
Not To Scale

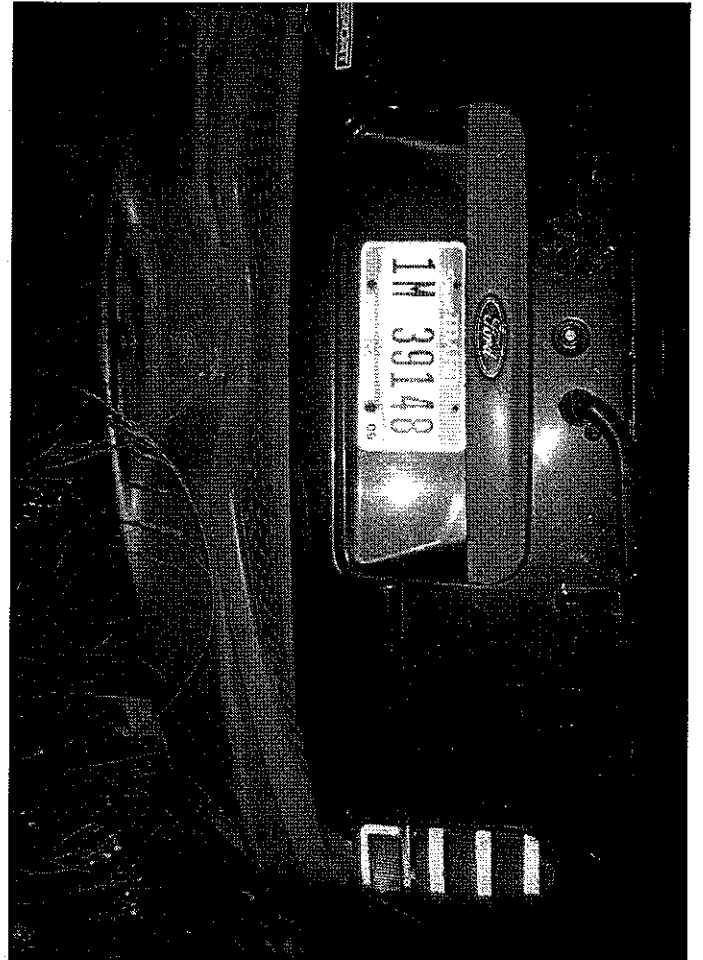
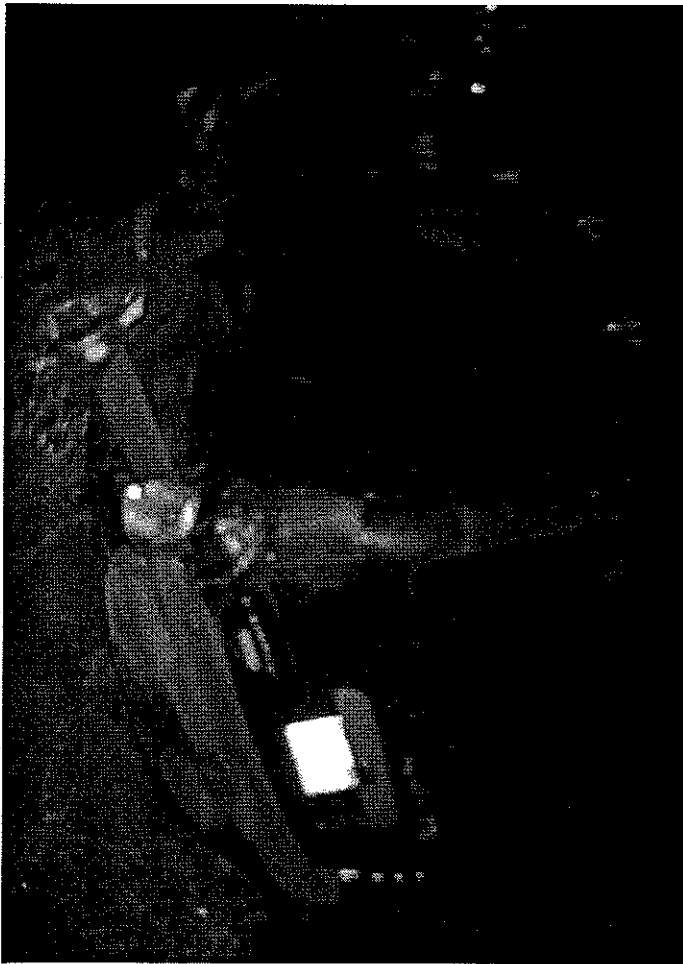
LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number S. WELLINGTON 93		Case Number 13-01899	
Type of Crime: Felony / <u>Misdemeanor</u> (Circle)		Type of Case: DUI		Date/Time: 8-2-13	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			
Item # JW1 Action # 3	Item DVD W/PHOTOS		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/> Date:		CAD/RMS Checked	
Name: _____ # _____		NCIC/WACIC + Date:		Owner Letter Sent:	
Date: _____ Time: _____		NCIC/WACIC - Date:		Owner Letter Sent:	
ROUTING:					
White: Property Room					
Yellow: Case File					

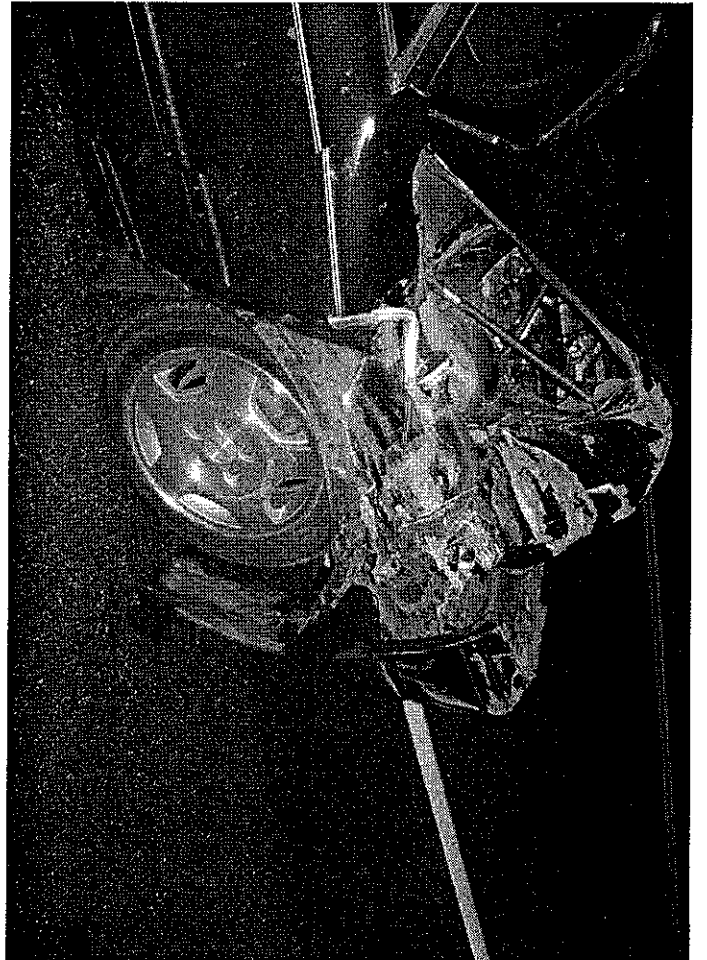
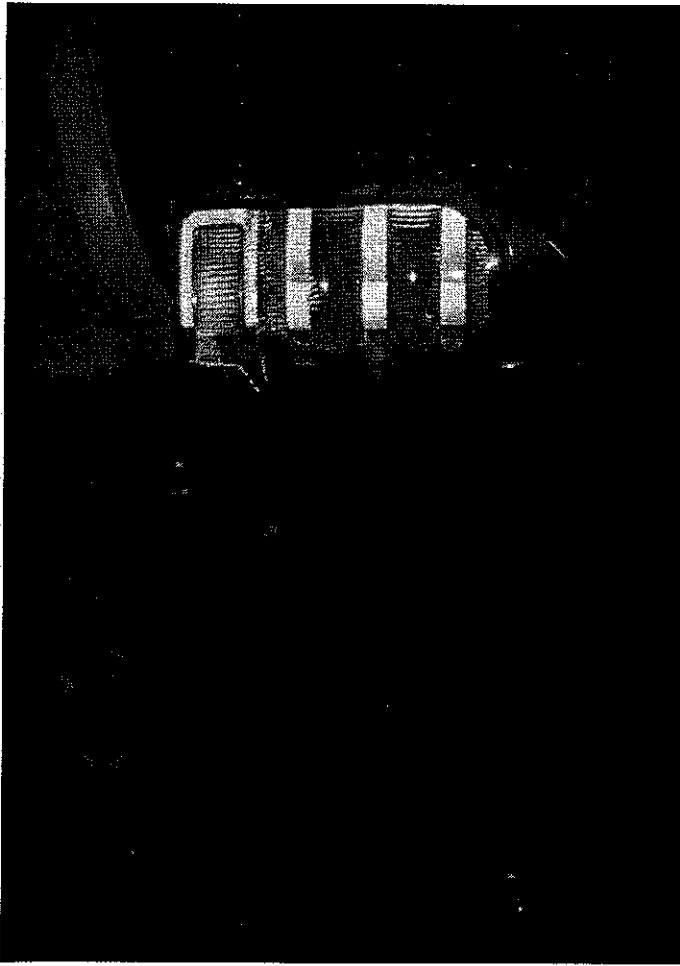
LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number A. THOR #115		Case Number 13-01899		
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>		Type of Case: DUI		Date/Time: 8/31/13 0321		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification				
Item # ATI	Item BLOOD SAMPLE		Brand Name		Storage Location	
Action # 3	Brand/Model/Caliber		(Further Description)			
	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions TO WSP LAB						Barcode goes here
Item #	Item		Brand Name		Storage Location	
Action #	Brand/Model/Caliber		(Further Description)			
	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Item #	Item		Brand Name		Storage Location	
Action #	Brand/Model/Caliber		(Further Description)			
	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Item #	Item		Brand Name		Storage Location	
Action #	Brand/Model/Caliber		(Further Description)			
	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Item #	Item		Brand Name		Storage Location	
Action #	Brand/Model/Caliber		(Further Description)			
	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Evidence Control Use Only:						
Received by Evidence:		NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING:	
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	









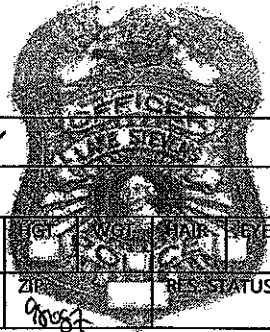




LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 18-01899



VICTIM / WITNESS

NON-DISC	NAME (LAST, FIRST MIDDLE) Terrace J. John	RACE W	ETH	SEX M	DOB 120286	AGE 26	HAIR	EYES
STREET ADDRESS 13420 Wigen Road		CITY Lynnwood		STATE W		ZIP 98048		STATUS
HOME PHONE 206 (650) 3187		CELL PHONE 206-650-2187		PLACE OF EMPLOYMENT Clark & Carpet Cleaning				
WORK PHONE 425 442 5779		EMAIL ADDRESS xxmapx04xx@gmail.com						

I, John Terrace, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving west down Hwy 204 going about 45 miles an hour. I look in the mirror about 20 seconds before and saw no headlights, when I looked in the mirror again I saw a car moving very fast toward my rear end I had no reaction time to get out of the way and he hit me. I'd say going about 65-75 miles per hour. I swerved in to oncoming traffic lane and fish tailed until I ended up on the side of the road. I was trying to find my phone to call 911 when I heard a voice through my window I opened my door to see who it was I saw him almost to the side of the road and he got hit by an oncoming car. Me and two other guys went out to see if he was ok we called 911 again and the police showed up within minutes.

CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED: 8/2/13	LOCATION SIGNED: Hwy 204
OFFICER/NUMBER: 93	DATE SIGNED: 8-3-13	LOCATION SIGNED: LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-01899

VICTIM / WITNESS

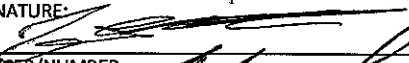
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Boone, Gavin Edward	RACE W	ETH W	SEX M	DOB 12-24-1983	AGE 29	HGT 62	WGT 290	HAIR Brown	EYES Hazel
STREET ADDRESS 506 B E Galena St		CITY Granite Falls		STATE WA		ZIP 98241		RES. STATUS U.S.		
HOME PHONE 4		CELL PHONE 425-622-6139		PLACE OF EMPLOYMENT Boeing, Everett						
WORK PHONE 425-622-6139		EMAIL ADDRESS Gavin.E.Boone@Boeing.com								

I, Gavin Boone, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving west bound on Hwy 204. I had my cruise control set on 55 MPH. I noticed a car on the on coming traffic side of the road with its hazard light on. I looked down to turn off my cruise control. When I looked up I saw a man walking across the road in the center of my lane. I swerved to the left and hit him with my passenger side headlight. The man rolled down the side of my car, took out my passenger mirror.

I immediately pulled my car to the side of the road and rushed back to the scene.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 08-02-13	LOCATION SIGNED Hwy 204
OFFICER/NUMBER: [Signature] 93	DATE SIGNED 8-3-13	LOCATION SIGNED LK STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Received	08/02/13	23:05:07	BY SPCT06	SP0301
Entered	08/02/13	23:05:57	BY SPCT06	SP0301
Dispatched	08/02/13	23:06:22	BY SPDP17	SP0331
Enroute	08/02/13	23:06:22		
Onscene	08/02/13	23:11:46		
Closed	08/03/13	02:29:52		

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACCP (ACCIDENT, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1417 Map Page: 397B-3 Group: SS1 Beat: SOUT

Src: 9

Loc: 10 ST SE/SR 204 , LKS (V)

Latitude: (+) 48.001328 Longitude: (-) 122.124088

Loc Info:

Name: HEINZEN SEVRENA M

Addr:

Phone: 4253977711

/2305	(SP0301)	ENTRY		, HEARD ONLY
/2306		CROSS		#AG13002207
/2306	(SP0331)	DISPER	SS1932	#SS93 WELLINGTON, OFCR (JAMES)
/2306	(SP0301)	SUPP		TXT: UNK INJ NO VISUAL, HEARD CRASH AND PEOPLE YELLING FOR HELP
/2308	(SP0331)	\$PREMPT	SS1932	
/2308		\$DISPER	SS1939	#SS115 THOR, OFFICER (ANDREW)
/2308		PREDSP	SS1932	SS1939
/2308	(SP0327)	SUPP		TXT: BAL MVCP, PER WSP CAR VS PED THEY DONT BELIEVE THE PED IS UP
/2309		SUPP		TXT: WSP SAYS ITS SR 204 AT MILE POST 1
/2309	(SP0331)	ASSTER	SS1942	#SS126 HINGTGEN, OFFICER (MICHAEL)
/2309	(SP0301)	SUPP		NAM: GLEN, NICOLE, PHO: 3607201500, TXT: THIS RP SAYS CAR VS PED, UNK EXTENT OF INJS , PASSERBY
/2309	(SP0331)	ASSTER	SS1913	#SS95 MINER, SGT (ROBERT)
/2310	(SP0327)	SUPP		TXT: WSP CB SUBJECT IS UNCON HOWEVER HE IS BREATHING
/2311	(SP0331)	ONSCNE	SS1939	
/2311		MISC	SS1939	, ROADWAY SHUT DOWN AROUND 81
/2311	(SP0301)	SUPP		TXT: WSP CB ADVSG THIS IS LKS PD'S AREA
/2312	(SP0331)	ASSTER	SS1932	[SHUTTING DOWN 81] #SS93 WELLINGTON, OFCR (JAMES)
/2312		CHGLOC	SS1942	[SHUTTING DOWN EB]
/2312		CROSS		#S013131605
/2313		SUPP		TXT: HAS PULSE, IN/OUT OF CON, BREATHING, BELIEVED TO BE VERY HBD [10 ST SE/SR 204 ,LKS] #C1509 TONER, DEPUTY (JASON)
/2313		ASSTER	2G21	
/2314		ONSCNE	SS1913	
/2314		MISC	SS1913	, NEED TO CLOSE DOWN THE S/END?
/2315		ONSCNE	SS1942	
/2315	(SP0263)	SUPP		TXT: 1 YEL PT
/2316	(SP0331)	ONSCNE	2G21	
/2317		MISC	SS1932	, VEH JUST BLEW THRU ROADBLOCK
/2322	(*****)	REMINQ	SS1939	555WUK
/2322	(SP0331)	REMINQ	SS1939	LIC, 1939, 555WUK,,,
/2322		REMINQ	SS1939	VEH, 1939, 1M39148, ID,,,,,,,,,,,,,
/2322		REMINQ	SS1939	VEH, 1939, 1M39148, ID,,,,,,,,, 2013, PC,,,,,,, X,,,,,
/2322	(*****)	REMINQ	SS1939	064ZLK

/2322 (SP0331) REMINQ SS1939 LIC, 1939, 064ZLK,,
 /2323 MISC SS1939 , 2 SEPARATE ACCIDENTS
 /2323 (*****) REMINQ SS1939 JAHNSON. PERRY. A. 08061960..
 /2323 (SP0331) REMINQ SS1939 NAME, 1939, JAHNSON, PERRY, A, 08061960,,
 /2336 (SS93) REMINQ SS1932 MDTWANT, BOONE, GAVIN, E, 122483,,, WA,,,,,,,,,
 /2337 (SP0331) CHGLOC SS1939 [CC]
 /2337 ASNCAS SS1939 \$\$\$13001899
 /2337 NEWLOC SS1932 [10 ST SE/SR 204 , LKS]
 /2337 ONSCNE SS1932
 /2337 (SS93) *MISC SS1932 , PROGRESSIVE 71088474
 /2338 REMINQ SS1932 MDTVEH, 064ZLK,, WA,,,,,,,,,
 /2339 (SP0331) CLEAR 2G21
 /2343 (SS115) REMINQ SS1939 MDTVEH, 555WUK,, WA,,,,,,,,,
 /2344 (SS93) *MISC SS1932 , U2 ID IM39148, GRANGE INSUR 5104440048892
 /2345 REMINQ SS1932 MDTWANT, TERRACE, JOHNATHAN, J, 120286,,, WA,,,,,,,,,
 /2346 (SP0331) ONSCNE SS1939 , , , , ,
 /2346 CHANGE TYP: ACC
 ----> ACCP .

*** New Date: 08/03/13 ***

/0002 ROTREQ SS1932 TOW 5061 LKS SKY VAL SNO
 3605636090 , HVY FRONT DMG FOR IMP
 /0005 MISC SS1932 , SKY VALLEY TOW ENRT
 /0005 CONTCT SS1932 Contact in 20 Minutes
 /0006 (SS93) REMINQ SS1932 MDTVEH, 555WUK,, WA,,,,,,,,,
 /0006 (SP0112) SUPP TXT: TOP NOTCH TOW WAS CALLED BY THE OWNER OF TH
 E FORD EXPLORER ETA 10 MINUTES
 /0026 (SP0331) OK SS1932
 /0031 MISC SS1942 , SKY VALLEY ONSC
 /0042 (SS115) *MISC SS1939 , MIRANDA READ AND INVOKED
 /0054 (SP0331) CLEAR SS1932 D/H
 /0054 CLEAR SS1913 D/H
 /0054 CLEAR SS1942 D/H
 /0116 (SS115) *MISC SS1939 , WARRANT APPROVED BY DPA JUSTIN HARLEMAN
 /0133 REMINQ SS1939 MDTVEH, HUHID,, WA,,,,,,,,,
 /0133 REMINQ SS1939 MDTVEH, ONETHIN,, WA,,,,,,,,,
 /0133 REMINQ SS1939 MDTVEH, ONETHIN,, WA,,,,,,,,,
 /0133 REMINQ SS1939 MDTVEH, ONETHIN,, WA,,,,,,,,,
 /0155 (SP0331) MISC SS1939 , WARRANT SIGNED
 /0222 CHGLOC SS1939 [LKS]
 /0229 (SS115) *CLEAR SS1939 D/H
 /0229 CLOSE SS1939